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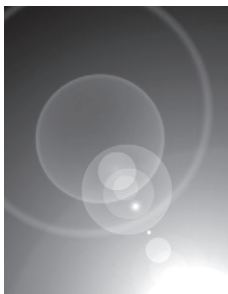
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ORIGINAL ARTICLE

Adapting and evaluating a tree of life group for women with learning disabilities

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Accessible summary

- The tree of life group is based on ideas from narrative therapy.
- Narrative therapy is about using stories about ourselves to understand how we make sense of our lives.
- We ran a tree of life group for women with learning disabilities.
- In the group, people drew trees to show different things that were important in their lives.
- People liked hearing about each others' lives and hearing what other people liked about their trees.

Abstract

Background: This study describes how a specific narrative therapy approach called 'the tree of life' was adapted to run a group for women with learning disabilities. The group consisted of four participants and ran for five consecutive weeks.

Materials and Methods: Participants each constructed a tree to represent their lives and presented their tree to the group who responded with positive feedback and affirming statements. This led to discussion about overcoming the storms of life and a celebration of the journey the group had been through together.

Key Results: Although no change was found on quantitative measures of well-being and self-esteem, participants reported benefitting from the peer support and social connectedness that the group offered, particularly in relation to themes of loss and change in their lives.

Conclusions: 'The tree of life' approach has potential value as an intervention for people with learning disabilities. The benefits and challenges of this approach within the context of working with people with learning disabilities are discussed.

Keywords *Clinical psychology, learning disability, social interaction*

*The evaluation was carried out at Bristol South Community Learning Difficulties Team.

Introduction

Psychological group work with people with learning disabilities is common in clinical practice and has an increasing evidence base across a number of different models and presenting difficulties (Heneage & Neilson, 2012; Vereenoghe & Langdon, 2013). Whilst some groups have been designed to focus on managing particular presentations such as anger or anxiety (e.g. Marwood & Hewitt, 2012; Willner *et al.*, 2002), or experiences such as trauma or bereavement (Boyden *et al.*, 2010), others have broader remits such as psycho-educational work around social skills and relationships, or overall well-being (Gregory & Heneage, 2012).

There is a small body of evidence looking at the effectiveness of narrative therapy for people with learning disabilities (Clare & Grant, 1994; Lynggaard & Scior, 2002; Robbins, 2004). Within this, there are several examples of narrative therapy groups being run to support people with learning disabilities, two of which focus specifically on supporting people to understand and manage the feelings of anger (Baxter & Wilcox, 2012; Hoole & Morgan, 2008), and a more recent study outlining a narrative therapy group for people with learning disabilities who are gay, lesbian, bisexual or transgender (Elderton *et al.*, 2014). In addition, a recent review of individual narrative therapy for people with learning disabilities also concluded that there was some evidence for its usefulness, particularly in relation to difficulties with anger, but that further larger-scale research is still required (McParland, 2015).

Narrative therapy is based on the principle that people understand and make meaning in their lives through the use of stories or narratives (Denborough, 2014; White & Epston, 1990). Dominant narratives evolve and stories about oneself and the world that fit with these are prioritised to create a sense of coherence. However, if the resulting narratives are perceived negatively by the individual, they might then be experienced as damaging or unhelpful, and not representative of how they might prefer to make sense of their lives. Supporting people to explore subjugated (alternative) narratives about themselves may result in preferred stories being identified or constructed, which may in turn positively impact on well-being.

Literature on how people with learning disabilities construct their identity has suggested that the label is often rejected by the person themselves (Beart, 2005), and when internalisation of the stigma associated with this label does occur, it can have a significant negative impact on psychological well-being (Ali *et al.*, 2012; Paterson, McKenzie and Lindsay, 2011; Dagnan & Waring, 2004). Thus, individuals who identify with or are told that they have the label of 'learning disabilities' may experience a resultant negative self-perception.

The use of a narrative approach has been argued to be particularly helpful within the context of working with people with learning disabilities due to the potentially negative and stigmatising experiences and discourses people with learning disabilities may experience, and the focus that narrative therapy work allows on 'deconstructing the discourses of "problem" and "damage"' (Hoole & Morgan, 2008). In addition, narrative therapy within a group context allows people to witness others' stories and support each other in strengthening their alternate views of themselves (Elderton *et al.*, 2014).

The tree of life

The 'tree of life' approach was developed by Ncazelo Ncube through her work with children and young people in South Africa who had experienced loss and bereavement through HIV/AIDS (Ncube, 2006). The original concept was revised by Ncube to be located within a narrative framework. Underpinning this approach is the belief that for people who have experienced significant trauma and loss, a single-storied account can be re-traumatising as it perpetuates the problem-saturated perspective. The focus of the tree of life approach allows people to 'experience a preferred identity to change their relationship with the problems and challenges that they are facing in their lives'.

Participants first establish a 'safe' identity and strong foundation through drawing their tree to describe what is important and significant to them in their lives (Table 1).

They then share this with other group members, who give positive affirmations and feedback to the tree's creator (this can be performed through the use of adhesive notes which are attached to each person's tree by the other group members). Participants move on to talk together about 'storms' or difficulties they have faced in their lives, allowing them to support and understand each other's experiences, and think together about the tools they can, or have used to help them cope. The group ends with a celebration (traditionally a song)

Table 1 The traditional structure of the tree

Part of the tree	Metaphorical representation
Roots	The roots represent the person's background. This might include where they come from, significant family history and influential people from their past
Ground	The ground represents the current context for the person; where they live, what they do
Trunk	The trunk represents a person's skills, values and qualities
Branches	Branches represent hopes, dreams and wishes
Leaves	Leaves represent important people in the person's life
Fruits	The fruits are the gifts the person has been given by others
Flowers	The flowers are the gifts the person gives to other people

and certificates for each group member to recognise their individual journey within the process.

Applying the tree of life approach to working with people with learning disabilities

The tree of life has been used with both adult and child populations and has been most widely reported within the context of working with individuals or groups who might find it difficult to engage with more 'traditional' psychological therapies, such as asylum seekers or people of African and Caribbean origin (German, 2013; Hughes, 2014). Key elements of the tree of life group process have been reported as peer solidarity and support, and sharing and validation of history and culture. As with other applications of narrative therapy within the context of working with people with learning disabilities, the aim of the group was to provide a valuable context within which people could construct and share their own preferred stories about themselves and their identity, as well as talk together about difficulties within their lives. The authors believed that the use of this approach may be helpful either for people who had found it difficult to engage in psychological therapy in the past, or for people who had been referred to psychology on a number of occasions and therefore might benefit from an alternative approach. In addition, the group aimed to promote peer support and validation, and increased social contact and confidence.

Aims of the research

A recent review of individual and group narrative therapy approaches for people with learning disabilities found externalisation and the thickening of positive stories to be useful therapeutic tools (McParland, 2015). This evaluation aimed to explore whether the tree of life approach

specifically was a helpful narrative approach to adapt for people with learning disabilities.

Method

Participants

Participants were people who had been assessed as eligible for support from the local Community Learning Disabilities Team. Ten people were initially identified and expressed an interest in attending the group. People were given a copy of the group leaflet and an information sheet, and then attended a meeting to discuss whether they would like to participate. Carers were also given an information sheet explaining the tree of life approach. Initially, both men and women with learning disabilities were invited to take part; however, due to issues relating to the timing of the group and other commitments, four women participated (Table 2). Two people attended all sessions. One person attended 4 of 5 sessions, and one person attended 2 of 5 sessions.

Consent

All participants were assessed as having capacity to consent to attend the group. Each participant gave verbal consent and signed an accessible consent form stating both consent to attend the group, and consent for data to be included in this report.

The consent form detailed a brief description of the group and was accompanied by an accessible information leaflet. Psychological terms were simplified: 'The group is about thinking and talking about yourself, your life and your strengths'. Group members were given contact details so they could ask further questions or opt out of attending the group at any time.

Table 2 Details of group participants

Participant	Age	Reason for referral	Participant perspective on hopes for the group	Further details
1	25	Breakdown in living with family. Previous group work was reported by participant as helpful	Help with 'everything'	Diagnoses of mild learning disabilities and autism spectrum disorder. Residing in an assessment and treatment unit. Previously attended 1:1 psychology sessions and 12-week well-being group
2	56	Previously attended 1:1 music therapy. Group work seen as opportunity to further explore and understand own needs.	'If I help them, they'll help me'. 'I still miss my mum'. 'Not so argumentative'	Diagnosis of mild learning disabilities Living independently with 24/7 support. Awaiting change in accommodation for mobility reasons.
3	22	Difficulties in engaging in 1:1 psychological therapy and music therapy.	'I don't really know'	Diagnosis of mild learning disabilities Living in a supported living home.
4	28	History of repeated referrals to psychology for both mood and behaviour-related difficulties.	'Help with anger, bad-tempered' 'Be happy'	Diagnosis of mild learning disabilities Living in a residential learning disabilities home. Previously attended 1:1 psychology sessions and 12-week well-being group

Measures

Prior to attending the group, each participant completed three measures:

1. CORE-LD (Brooks *et al.*, 2013) (a validated 14-item self-report outcome measure for people with learning disabilities. Adapted from the CORE-OM; a 34-item generic measure of psychological distress. At present, there is limited clinical data available and therefore there are no reference parameters. However, the authors suggest using the measure to look for a general downtrend in scores)
2. Adapted Rosenberg Self-esteem Inventory (Dagnan & Sandhu, 1999) (5-point visual analogue scale adapted from the 6-item version of the original inventory. Higher scores represent a greater level of self-esteem)
3. Tree of Life Questionnaire for people with learning disabilities: designed specifically for this group.

The Tree of Life Questionnaire included 12 Likert-scaled items. The questions were split into three blocks of four questions which looked at perceived social support, for example 'I have lots of people in my life that are important to me'; overall well-being, for example 'I don't spend much time doing things that make me happy'; and thoughts about the future, for example 'I look forward to how I think life will be in the future'. Negative statements were reverse-scored, and higher overall scores represent more positive life experiences.

Measures were repeated within 2 weeks of finishing the group, in conjunction with a qualitative interview about participants' experiences. The post-group data collection was completed by an assistant psychologist who was not involved in facilitating the group.

Implementation of the group

The group was facilitated by two clinical psychologists and took place for two hours a week over a five-week period.

Session 1: 'being in a group'/exploring the metaphor of trees

The aims of the first session were to introduce the participants to the idea of being in a therapeutic group, create an agreement about how the group would run and begin the process of getting to know each other through the theme of trees.

Participants and facilitators co-construct a 'group agreement' which comprised the following:

1. It's good to share, but it's ok to say as much or as little as you like
2. Don't interrupt
3. Give everyone a chance to speak
4. Keep other people's information private
5. Be kind to each other
6. There is no right or wrong

These points were re-iterated in each subsequent session (by both facilitators and participants), particularly in relation to there being no 'right or wrong' to the ways in which people drew their trees or talked about their experiences.

Session 2: Drawing our trees

Participants were encouraged to begin drawing their trees following the structure described above. Participants could either write or draw the parts of the tree themselves, or be supported by one of the facilitators. To provide further support for people, there were templates provided for leaves, flowers and fruits. Two participants were able to write on their trees themselves, one asked for support from the facilitators and one chose to represent her life through using the pictorial templates provided. A number of participants referred to family memories within their roots, and this facilitated some of the conversations about loss and grief. Family, friends and professionals were named by participants as being key people in their lives.

Although participants were provided with more support to draw or write on their trees, the themes that were produced were resonant with those reported in other populations using this approach.

Session 3: 'The forest of life': Sharing our trees

During this part of the group, each of the participants' trees was presented in turn, and the participants were supported to talk about the different elements and what they meant. When they had finished presenting their tree to the group, the other participants were encouraged to comment on what they particularly liked about the tree or about what the person had said. These comments were put on post-it notes which were added to the person's tree. People offered comments such as '(she) is a survivor', and '(she) has an amazing memory'. These comments were revisited through latter sessions.

Session 4: Exploring storms of life

Together, the group identified and discussed a number of storms that they had been through or continued to go through in their lives. They were then encouraged to talk further about these together and think about possible paths through the storm and what they had, or might find helpful (Table 3).

Session 5: Ending/celebration

Traditionally, the tree of life process ends with a celebration. During the penultimate session, we discussed with group members how they would like to celebrate their journey through the group. As the group was scheduled to

Table 3 'Storms' identified by the group

Storms		Ways forward
Loss/change	Death of family members	Memory box
	Diagnoses (self or others)	Support from family
	Moving house	Talking about it
	Getting older	Doing nice things
		Keeping busy
Relationships		Some people are helpful
		Attitudes are better now
	Financial abuse	Tell someone you trust
	Being tormented/bullied	(police/social worker/psychologist/SALT)
	Relationship difficulties (including friendships and sexual relationships)	Carry a phone
		Don't go out alone in the dark
		Tell someone where you are going

end in December, the group requested a Christmas party to celebrate the end of the group, with music and party food.

The first part of the final session was spent going through and finishing the storms section of the process. Following a break, the group members were presented with their certificates, all of which were individually written to reflect elements of their tree and draw out particular strengths or qualities. The aim was that the certificates would support the thickening of the alternative narratives which the participants had been creating and exploring through the process of the group.

Results

Quantitative measures

Statistical analyses were not performed to look for significant differences in scores. This was due to the general trend for scores to remain the same or within 1–2 points, and the lack of norms for the measures being used.

Table 4 shows a summary of pre-group and post-group scores.

Participant 1's scores are suggestive of a decrease in overall well-being and self-esteem over the course of the

group. However, it should be noted that she only attended two of the five sessions, which was linked to difficult experiences occurring outside of the sessions.

Participant 2 showed an increase of four points on the tree of life measure, which were spread across the 3 domains.

Participant 3's CORE-LD and self-esteem scores decreased by two points, and her tree of life score increased by 1.

Participant 4 showed a 3-point decrease in her CORE-LD score, and a drop in score by one point on the tree of life scale, which related to one item, 'People are not very good at knowing how I feel'.

Qualitative outcomes

Interviews were conducted with each of the participants using a semi-structured interview schedule focusing on their experiences of being in the group, including what they may have found particularly helpful or unhelpful.

Transcripts from the interviews were analysed using thematic analysis. The first author read through the transcripts and coded the data, which was then organised into themes. To enhance credibility and validity of the themes, they were discussed with the third author, who had undertaken the interviews and was therefore familiar with the data, to reach agreement on final definitions (Braun & Clarke, 2006).

Two main themes were identified:

1. Positive emotional response
2. Social interaction (meeting others/peer support)

All participants reported having experienced positive emotions in relation to the group:

Exciting...more happier (Participant 1)

Enjoyed it...interesting (Participant 2)

Quite good (Participant 3)

It was really good...happy feeling (Participant 4)

The theme of social interaction has been broken down into the subthemes of meeting others and peer support. Participants spoke about how they enjoyed the opportunity to meet new people:

Table 4 Summary of individual scores

Participant	Pre-group CORE-LD	Post-group CORE-LD	Pre-group Rosenberg	Post-group Rosenberg	Pre-group TOL measure	Post-group TOL measure
1	11	13	26	21	44	44
2	6	6	24	22	42	46
3	7	5	22	20	47	48
4	10	7	30	30	55	54

Different people (Participant 1)

Making friends (Participant 4)

They also spoke specifically about the process of sharing their experiences with others:

Positive feedback from people there (Participant 2)

Hearing other people's thoughts about other people's trees...got me confidence telling people about your life (Participant 3)

Share stories, tell them about their lives (Participant 4)

The only difficulty highlighted was that one group member would sometimes interrupt the others:

What was her name, the one chatting all the time, wouldn't let me... (Participant 2)

The participant being referred to also recognised this difficulty herself:

...do you think I've got a big mouth? I was loud in the group, I think I upset someone in the group...other people didn't get a chance to talk 'cause I butt in. I'm too noisy (Participant 1)

In terms of process, interruptions were openly acknowledged in the group when it came up, and participants were gently encouraged to look back at the collaboratively generated 'group agreement'. Through the course of the group, other group members took on the role of reminding each other not to interrupt whilst they themselves, or someone else, were talking. When carers were available during the post-group session, participants were asked whether their opinions could be sought on whether they had any feedback about the group. Two participants gave consent for the interviewer to speak to their carers.

One carer commented:

She really looked forward to going, excited, enjoyed whilst there and when come out, made her day...One week she said she managed to get some stuff off her chest (Carer 2)

The other carer's feedback was:

When she brought her poster back she'd made she was telling everyone about it and was really excited (Carer 3)

Discussion

Although quantitative outcome measures did not indicate a large increase in scores for any of the participants, qualitative results suggested that they all had a very positive experience of attending the group. As has been found in previous studies, participants appeared to particularly

benefit from and value the social connection and peer support that they experienced, as well as the effect the group had on their mood.

In terms of how participants connected and supported one another, there was a focus on shared experiences of loss and change particularly for two participants who had both lost their mothers. The significance of moving house, often multiple times, also resonated with all participants, although each had a different story about the way in which this had played a part in their lives (one participant had just left the familial home, another had moved numerous times and another moved during the course of the group). Although it was not intended as a specific focus of the group, the theme of loss and change resonates with Ncube's original work using the tree of life approach with children who had lost their parents to HIV/AIDS (Ncube, 2006). The tree of life might be seen as a particularly salient narrative method of drawing out these themes given the focus on roots and important others in a person's life. This may make it a particularly useful approach in the context of the lives of people with learning disabilities, who often experience considerable loss and change. Participants appeared to engage well with the 'storms' part of the process, and were able to disclose quite personal stories around their experiences, particularly with regard to personal and sexual relationships and the expectations and pressures they felt around this.

Given that the participants reported how important the social connections were in the group, it could be that the aim of providing a strong foundation and establishing a safe space through drawing and sharing their trees was significant in them being able to talk about difficult and personal subjects. It was felt that the storms that people described in terms of loss and relationships might be seen as on-going difficulties within their lives, and that having peer support to speak about these regularly in a more informal way would be beneficial, and a more normalising process in relation to managing their emotional lives.

Another indication that the peer support aspect of the group was experienced as valuable by the group members came in their reactions to receiving feedback on their trees from each other. Although the facilitators also gave some feedback as a method of scaffolding and modelling the approach, it seemed clear from the nonverbal responses of participants that hearing feedback from their peers was a particularly highly valued and rewarding experience. This process of sharing and shared experience was also found to be a key outcome in Elderton *et al's.*, (2014) narrative therapy group for people with learning disabilities who were lesbian, gay, bisexual and transgender.

Each person's journey through the group was different. In terms of social interaction, one group member appeared to have a story about herself as someone who was loud and always interrupting people, but she was able to recognise

this in the context of the group and was supported by others to try to remember the group agreement about giving people the space to be heard. Another group member started the group unable to make eye contact with the other participants and communicating only using nonverbal or single-word responses. By the end of the group, she was able to offer others advice based on her experiences and to remind other participants not to interrupt as she spoke about her life. She was also noted by others as being 'good at speaking up for herself' and that she 'shared some lovely stories about her life', thus strengthening an alternative narrative about her identity.

Although a number of the identified benefits of the tree of life group appear interactional in nature, the core of the approach is people identifying stories and aspects of themselves that they find most salient and meaningful. There is perhaps more focus on the holistic construction of the self, through the tree metaphor, than there would be in other therapeutic or psycho-educational groups.

Having the trees consistently present as a focus during the sessions as a visual reference also appeared to be a useful tool in people in remembering and expanding on previous discussions. This was particularly powerful following the 'notes of appreciation' where these could also be used to reinforce to people the reflections of other group members.

In terms of the application of the tree of life approach with people with learning disabilities, one challenge which arose was managing varying levels of literacy. During the process of drawing their trees, group members needed support from the facilitators to remember what each part of the tree represented as most found it too difficult to read the instructions. In addition, some people preferred to have assistance writing things down, or chose to illustrate their responses purely through drawing. In an attempt to ameliorate some of these difficulties, we provided small symbols and pictures that could be stuck on the trees instead of writing. This approach could be extended further to support people with more severe communication difficulties to participate in a tree of life group. This could involve increased use of photographs and objects of reference, as well as more symbolic representations of appreciation, such as the use of coloured notes to represent how people connected with others' trees. Although carers were not present for this particular group, it is recognised that for some people with learning disabilities this might be crucial in terms of facilitating the process, and that this might be particularly appropriate where people have very specific communication needs.

Some participants also struggled with the metaphorical concept of 'gifts', understanding the word literally and identifying material gifts rather than using a broader understanding which might have included gifts such as 'time', 'love' and 'memories'. However, it may be that this

understanding of the task within the tree of life process is an accurate reflection of people's experience within their lives, with material gifts, both given and received, being important symbols of care, love and value.

Outcome measurement is challenging within the context of evaluating the tree of life approach and narrative therapy generally, particularly where there is not one specific 'difficulty' being addressed and the focus is rather on the 'thickening' of positive stories about oneself (McParland, 2015). This study reports outcomes from only one group with four participants; therefore, caution must obviously be taken in terms of generalisability of any results.

It is recommended that future use of the tree of life approach with people with learning disabilities increases the length of intervention to a minimum of 7–8 sessions, to allow more time for familiarisation with the group process in the early stages, and the development of relationships within the group. It is also suggested that consideration is given to further involvement of carers in the process, perhaps through the use of initial and post-group carer sessions, to enable carers to have a more in-depth understanding of the process. Further evaluation of this approach with people with learning disabilities is recommended.

Ethical statement

Ethical approval for this research was not sought as it was felt that it falls under the category of service evaluation. Appropriate steps were taken with regard to access, informed consent, confidentiality and anonymity.

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